IN THIS ISSUE

- Accessing Dentists in Rural Communities
- Reflections from the 13th CRHRS Annual Meeting
- Rural Health Services: the light at the end of the tunnel
- Member Updates

Rural/Remote Communities are under-served and limited in accessing dentists - Why?

By Emami Elham

Many Canadians, and especially vulnerable populations, experience unacceptably higher rates of oral diseases and lower level of access to oral health care compared to the general Canadian population.

There are a number of factors which act as barriers to adequate promotion of oral health and prevention of disease, and among them geographic barriers play a major role. In fact, Canada doesn’t have a shortage of oral health care providers, what it does have is a maldistribution of dentists and allied dental professionals in favour of urban areas and metropolitan zones. The absence of dentists in public primary health care contributes to these geographical disparities in oral health and dental care access.

The underserved rural and remote communities face myriad problems such as limited choice of dentists, lack of specialized dentists, language and cultural barriers, and lack of information and education on oral health. These issues are more problematic among people with specific needs, such as frail seniors, children with congenital and developmental abnormalities, indigenous populations, new immigrants, and individuals receiving social assistance.

In the near future, due to the aging population—which also includes the aging and retirement of the current rural and remote dental workforce—as well as economic compression and the increasing cost of dental care, the situation will become even more challenging. Therefore, it is our responsibility as clinicians, researchers, academia and educators to raise awareness on the unmet needs of rural and remote populations through systems thinking and interprofessional and interdisciplinary collaboration at individual, community, and system levels.
We should put our collaborative efforts into identifying barriers and facilitators, sharing knowledge, delivering information and creating an innovative approach that will serve and motivate the policy makers to implement need-centred policies for an optimal, equitable health care system. One such strategy is to integrate research, education and services through undergraduate and postgraduate rural and remote interdisciplinary training programs with the long-term objective of achieving the United Nations Millennium Declaration Goal:

“All people, everywhere, shall have access to a skilled, motivated and facilitated health worker within a robust health system.”

References:


Learn more about Emami’s Research here: http://www.medent.umontreal.ca/fr/faculte/prof/elham.emami/index.htm

Reflections from the Canadian Rural Health Research Society’s 13th Annual Meeting
By Juanita Bacsu

This year the Canadian Rural Health Research Society's (CRHRS) Annual Meeting was held in Saskatoon, Saskatchewan from October 19-22, 2014. CRHRS partnered with the Canadian Centre for Health and Safety in Agriculture and the Canadian Association for Research on Work and Health to co-host the 7th International Symposium: Safety and Health and Agricultural and Rural Populations: Global Perspectives (SHARP 2014).

The symposium kicked off with Dr. Stephen Bornstein providing opening greetings on behalf of the Canadian Rural Health Research Society. Dr.Bornstein was later elected to be the incoming chair at the annual general meeting for the CRHRS.

Participants were treated to multiple national and international plenary speakers, including introductory remarks by Dr. James Dosman who challenged and inspired participants to consider the following throughout the symposium: question conventional wisdom; invent a new world; and think outside the box.
The symposium provided a diverse array of oral presentations with almost 50 concurrent breakout sessions ranging from climate change to rural healthcare. This year’s poster session was held concurrently with the 7th Annual Summit of the Knowledge Network in Rural and Remote Dementia Care which provided an assortment of over 65 poster presentations.

At the symposium, students in the PHARE Graduate Training Program and others had the opportunity to attend a panel question and answer session, moderated by Dr. Linn Holness. The panel discussed academic and non-academic career options for those pursuing research degrees and highlighted pertinent topics ranging from international employment to maintaining a healthy work-life-balance.

Many symposium goers stopped by the CRHRS display booth to check out information and take part in the jelly bean estimate competition. The display booth showcased newsletters, memberships, books and research by members of the CRHRS. Attendees were treated to a memorable evening at the Western Jamboree which featured a prairie cook-out style buffet, cowboy poetry contest, dance and live music by the Undercover Pirates. The evening was co-hosted by Dr. Fred Gerr from the University of Iowa and Dr. Shelley Kirychuk from the CRHRS. The event took place in the Western Development Museum which showcased historic prairie culture and past ways of life.

The symposium was well attended by policy makers, community leaders, academics, researchers, health professionals and PHARE students. The event wrapped up on Wednesday afternoon with closing remarks from the symposium’s organizers, Dr. Niels Koehncke, Dr. Catherine Trask, and CRHRS’s Dr. Shelley Kirychuk.

"If we're lucky, we get to grow old"
-Baba (CKUA Radio-Mid-Morning Mojo. 94.9 fm Edmonton)

Rural Health Services: Finding the Light at the End of the Tunnel

"Many rural communities across Canada are facing challenges to the sustainability of core emergency and acute care health services, primarily due to problems with medical and nursing staffing. Data related to service efficacy and effectiveness are not well organized. Most of Canada still relies on reporting by large geopolitical areas (local health areas) that do not always relate natural catchment population outcomes to community hospital services. Re-organizing rural health services' outcome reporting by the characteristics of geographically defined catchment populations would facilitate better planning, systemic quality improvement and stronger continuing professional development for health professionals. It may also serve to inform the transformation of core health services in larger communities."

Taken directly from the article’s abstract: http://www.longwoods.com/content/23207
Member Updates

Publications and Current Research


Dr. Emami, along with her interdisciplinary research team and students, will work on a scoping review entitled “Integration of Dental Care in Community Primary Health Care.” Funded by CIHR, through a Knowledge Synthesis Grant.

Drs. Emami (U of Montreal) and Linda Booij (Queens U and St-Justine Hospital), along with postdoctoral fellow Dr Svetlana Tikhonova, organized a 2-day workshop to exchange knowledge and to develop a multi/interdisciplinary partnership, focused on the interaction of multidimensional risk factors in caries disparity. The 39 participants including junior/senior researchers, research trainees, and policy makers/stakeholders came from different disciplines/sectors including: oral health and caries research, clinical psychology, nutrition, social work, health literacy, health policy and health services research, community-based and Aboriginal research. These international and national experts highlighted relevant research and discussed with stakeholders the most optimal interventions and practice addressing caries disparities. A full report of this workshop will be available to the public within few months. Funded by CIHR/ Network of Canadian Oral Health Research